

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026036

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

JUL 23 1962

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia		c. CITY OR TOWN Centralia	
Length of stay in 1b 6 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Hospital		d. STREET ADDRESS (If outside, give location) 710 East Switzler	
3. NAME OF DECEASED (Type or print) First ANNA Middle LEOTA Last McCULLOUGH		4. DATE OF DEATH Month JULY Day 20 Year 1962	
5. SEX Female	6. COLOR OR RACE Caucasian	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-17-1898
9. AGE (last birthday) 64		10. IF UNDER 1 YEAR Months 6 Days 18 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY House Keeping	
11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Franklin Eaton		13b. MOTHER'S MAIDEN NAME Luna Leota Sneed	
14. NAME OF HUSBAND OR WIFE Grover T. McCullough		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none	
16. INFORMANT Lucille Davenport		Address Centralia, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis DUE TO (b) Cor pulmonale due to Kyphoscoliosis DUE TO (c) Atherosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 6 days Unknown Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary emboli		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 4:40 P Month, Day, Year 19 July 62		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20 July 62	
20e. CITY, TOWN, OR LOCATION Centralia, Missouri		20f. COUNTY Boone STATE Missouri	
21. I attended the deceased from 19 July 62 to 20 July 62 and last saw her alive on 20 July 62 Death occurred at 4:40 P m. of the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Roland P. Falsen MD	
22b. ADDRESS Columbia, Mo.		22c. DATE SIGNED 20 July 62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-22-1962	23c. NAME OF CEMETERY OR CREMATORY City of Centralia	23d. LOCATION (City, town, or county) Centralia, Missouri
24. FUNERAL DIRECTOR Eric J. Mader		25. DATE RECD. BY LOCAL REG. July 21 1962	
26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/596109
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VS JUL 25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

B. J. Meadows

Licensed Embalmer No.

4876

P. O. Address

Centerville, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.